

**See Instructions and Privacy
Statement on Reverse Side**

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| CLAIMANT'S NAME | | Statement on Reverse Side | | Page 1 of 1 | |
|------------------------|--|-------------------------------|--|--------------------|--|
| John Cruz | | SSAN OR EMPLOYEE NUMBER | | DEPARTMENT | |
| POSITION | | CB/ID NUMBER | | DIVISION OR BUREAU | |
| Appointments Secretary | | | | INDEX NUMBER | |
| RESIDENCE ADDRESS | | HEADQUARTERS ADDRESS | | TELEPHONE NUMBER | |
| CITY | | 1350 Front Street, Suite 6054 | | | |
| STATE | | ZIP | | | |
| CITY | | San Diego | | STATE | |
| | | | | CA. | |
| | | | | 92101 | |

[illegible]

CLAIM TOTAL

\$1,545.59

3. PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

3.10-1.6.10- Staff meetings, Sign time with GAS, Meetings with GAS appointees.
10.10- 1.12.10- Sign time with GAS

10.10-.1.12.10- Sign time with GAS, Meetings with Staff

3.10- Meeting with GAS appointee.

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

| MILEAGE RATE CLAIMED | |
|----------------------|-----|
| 1 | 100 |
| 2 | 100 |
| 3 | 100 |
| 4 | 100 |
| 5 | 100 |
| 6 | 100 |
| 7 | 100 |
| 8 | 100 |
| 9 | 100 |
| 10 | 100 |
| 11 | 100 |
| 12 | 100 |
| 13 | 100 |
| 14 | 100 |
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| 87 | 100 |
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| 89 | 100 |
| 90 | 100 |
| 91 | 100 |
| 92 | 100 |
| 93 | 100 |
| 94 | 100 |
| 95 | 100 |
| 96 | 100 |
| 97 | 100 |
| 98 | 100 |
| 99 | 100 |
| 100 | 100 |

0,445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240853

REBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of
 ornia If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or
 ter than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

aining safely and
IAN

DATE _____

SIGNATURE OF OFFICER APPROVING 1

AND PAYMENT

DATE _____

DATE

1. E OF AUTHORITY FOR S.